

1574

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 12
Registrar's No. 232

1. Place of Death: (a) County Cochise (b) City or Town Douglas (c) Location 858-8th St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 6 years (Specify whether years, months or days); in Arizona 6 yrs
2. Usual Residence of Deceased: (a) State Arizona (b) County Cochise (c) City or Town Douglas
(If outside city limits also write RURAL)
(d) Street No. 858-8th St. (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Edith Grace Clinch (b) If Veteran name war _____ Social Security No. None (If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased November 13th 1867
(Month) (Day) (Year)
8. AGE: Years 75 Months 22 Days 22 If less than one day hrs. _____ min. _____

9. Birthplace Sandwich Minn.
(City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business _____

12. Name Milton Denning

13. Birthplace Tennessee New York
(City, town or county) (State or Country)

14. Maiden Name Phoebe Brown

15. Birthplace Tennessee New York
(City, town or county) (State or Country)

15. (a) Informant's own signature E. D. Clinch

(b) Address 858-8th St.

17. (a) Burial, Cremation or Removal Burial

(b) Place Douglas Ariz (c) Date 12-2-42

18. (a) Embalmer's Signature Robert A. Ames

(b) Funeral Director Douglas Arizona

(c) Address _____

19. (a) Dec-3-1942
(Date received local Registrar)

(b) E. Williams
(Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12-2-42, 19____;
TIME (Hour and minute) 4:35 P.M.

21. I hereby certify that I attended the deceased from 12-2-42 to 12-2-42, 19____;
that I last saw her alive on 12-2-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Bronchiectasis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Douglas

Address Douglas Date signed 12-3-42

DURATION

3 days

15 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically